NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly	
Full Name CYLE W. KNOWLTON Work Ad	ddress 7 Hazen Drive, JoM Blog., Concord, NH
Primary Occupation Director of Operations e-mail *optional	KNOWLTON @ DOT. STATE . NH. US Work Phone 603 - 27/- 1697
Name(s) of office, appointment, or employment with government Director OF Operation	is, dept. of Tennsportation
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, a calendar year. Sources of retirement benefits other than federal retirement and/or disability.	nd from which any income in excess of \$10,000 was derived during the precedir
1. N/A	RECEIVED
2. N/A	NPR 0 2 2009
3. N/A	
If you have no qualifying income indicate by writing your initials next to the following	statement. My income does not qualify
discipline a licensee or permittee, or other decision by government affecting the listed financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of Civil Enquire ing License	
2 Health Care	5. Banking or financial 6. State of New Hampshire, county, o
7. N.H. Retirement System 8. Current use land assessment program 9. Restaura lodging	nts/ services municipal employment 10. Sale and distribution of alcholic law 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, of gambling	or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business taxes: Profits Tax Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true RSA 15-A:7 Penalty. Any person who knowingly fails to comply with the provisions of shall be an absolute defense in any prosecution under this chapter that the person act RSA 21-G:30, I(c). Print Form Signature of Repo	and complete to the best of my knowledge and belief. If this chapter or knowingly files a false statement shall be guilty of a misdemeanor. It ed in reliance upon an advisory opinion on the subject issued under RSA 14-B:3, I(c) or $3/26/9$